IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Coffey DATE 10-2-74 PERMIT NO. 277

PHONE: Business _____ Home _____

LOCATION 1100 TL on 1113 at end

S. R. No. _____

SUBDIVISION NAME Isle of Pine LOT NO. 16 SECTION OR BLOCK NO. _____

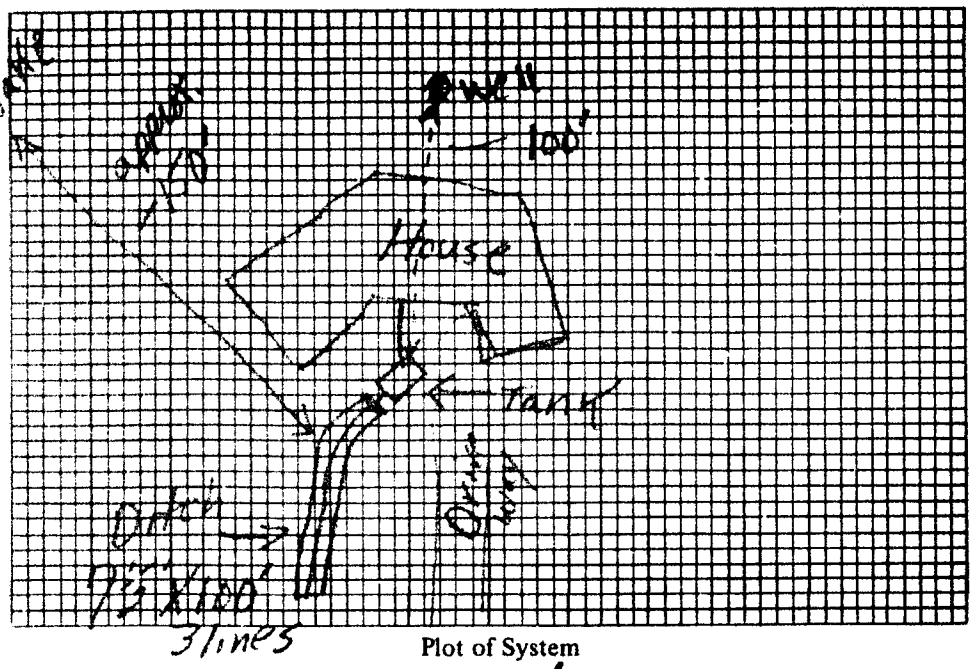
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area 3 Acre

Character & Porosity of Soil Fine Sandy Clay loam Porosity Fair
Percolation Rate 45 min/inch
Topography 2% slope
Depth to Water Table 6' above lake level
Rock or other impervious formations None



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by F. J. Ervin

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: The bottom of the Ditch is 3' above the high water mark. There was no water in the bottom of the Tank hole or in the bottom of the ditch either. Lake level was 2' below Sill

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold